

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34267

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Herguson (No. 102)

Registration District No. 184
Primary Registration District No. 6030

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 102 Tiffin Ave St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah L. Shirley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16-1848
7. AGE YEARS 85 MONTHS # DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comptroller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Natl Lead Co
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO13. NAME Ephraim Shirley14. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)17. INFORMANT Mrs Sarah M. Shirley (ADDRESS) 102 Tiffin Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Oct 23 193319. UNDERTAKER C. P. Lupton & Sons (ADDRESS) 4449 Olive St20. FILED 80-31, 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-20-1933 to 10-21-1933
I last saw him alive on 10-21-1933 Death is said to have occurred on the date stated above, at 79 m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
(Cerebral Hemorrhage)
Date of onset 10-20-33

Other contributory causes of importance: Arteriosclerosis
1930
1970

Name of operation none Date of 10-21-33
What test confirmed diagnosis autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 10-21-33
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Roy Johnson M. D.
(Address) Herguson Mo.

Ray Johnson in 10.
140 N. Front, Del.

③ HT water - 430

1-2 P.m.

7-9 P.m.

10-12 AM Sunday